STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004353	A. BUILDING _____ B. WING _____	C 07/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEARDSLEY HOUSE	27833 CR 24 ELKHART, IN 46517

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00092869. Complaint IN00092869- Substantiated. No deficiencies related to the allegations are cited. Survey dates: 7/28-29/11 Facility number: 004353 Provider number: 004353 AIM number: N/A Survey team: Ellen Ruppel, RN Census bed type: Residential: 23 Total: 23 Census payor type: Other: 23 Total: 23 Sample: 4 Beardsley House was found to be in compliance with 410 IAC 16.2. in regard to the Investigation of Complaint IN00092869. Quality review completed 8/1/11 by Jennie Bartelt, RN.	R 000		